

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Camacho, Felix
241-14-05975

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Bob Barker Co., Inc & City of
New York, Department of
Corrections, Correctional Health
Services.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Camacho Felix
ID # 241-14-05975
Current Institution Anna M Kross Center
Address 18-18 Hazen St
E. Elmhurst NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Captian Grimes Shield # 17
Where Currently Employed (DOC) Anna M Kross Center
Address 18-18 Hazen St
E. Elmhurst, NY 11370

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NIA

Defendant No. 2	Name <u>Samuel Okorozo</u>	Shield # <u>M.D.</u>
	Where Currently Employed <u>Correctional Health Services</u>	
	Address <u>18-18 Hazen St</u>	
	<u>E. Elmhurst NY 11370</u>	
Defendant No. 3	Name <u>Bob Barker</u>	Shield # <u>NIA</u>
	Where Currently Employed <u>Bob Barker Co., Inc</u>	
	Address <u>7925 Purfay Road</u>	
	<u>Fury - Varina, NC 27526</u>	
Defendant No. 4	Name _____	Shield # _____
	Where Currently Employed <u>NIA</u>	
	Address <u>NIA</u>	
Defendant No. 5	Name _____	Shield # _____
	Where Currently Employed <u>NIA</u>	
	Address <u>NIA</u>	

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
Ann A M Kross Center 7/1/2015 02:07 PM
- B. Where in the institution did the events giving rise to your claim(s) occur?
1 mod Lower "A" Side cell 18 when matters was giving to me. 9 Mod A Side / 7 Mod A Side Caps Program.
- C. What date and approximate time did the events giving rise to your claim(s) occur?
07/09/2015 16/15/15 3/21/16

D. Facts: on october 16 2014 I was placed in Housing Area 1 med lower "A" Side the officers gave a mattress that is use without A Foundation At this Point I Had told the Medical Staff That cause of this mattress ~~was~~^{jet} was giving me back Pain.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

N/A

N/A

I Showed Captain Grima ~~st~~ Badge number #17 Showed Him the label that was manufactured By Bob Barker co., inc. That states this mattress meets the requirements of 16 CFR 1633. This mattress is intended to be used without A Foundation in this case our cell Has

III. Injuries/A FOUNDATION.

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Lower Back, Neck, I Received treatment

They gave me muscle relaxer.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Anna M Kross Correctional Facility

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes No Do Not Know

If YES, which claim(s)? New York City 311

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Anna M Kross grievance Box

1. Which claim(s) in this complaint did you grieve? Mattress, Showers

Sleepers, & The Foundation That Doc Have to put Bob Berkner

matters

2. What was the result, if any? NO Response Back, still with

Back Pain and neck,

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

I gave A grievance to the warden of the Jail and send a letter to Board of Corrections

& city of NY and called 311 nothing yet

from the city and 311

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

N/A

N/A

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: NO Response of offical

NIA

NIA

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. The administrative do not care about what they gave us as inmate I wrote a letter to the mayor asking if we as inmate can get better matters because the matters we have as of now is giving inmates Health ISSUES ex! back Pain Neck, legs Scquelons. and more.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I would like the court to

look in to this And give me what I deserve for my pain and suffering because I have gave
complaint to the jail. And other inmates gave Petitions
~~They sign of~~ of 200 signatures to the mayor office
asking for this matters are infelting with our Health
and stressing our inner body. The court should or
do for us inmate gave us what we deserve New Matters
and the Pain and Stress and I tell that we should get
Paid for all this ISSUES because the administrative
department don't care with all the grievance we put
in for them to look at the Problem.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No /

On
these
claims

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____ *N/A*

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____ *N/A*

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No _____

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____ *N/A*

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 12 day of August, 2015.

Signature of Plaintiff

Inmate Number

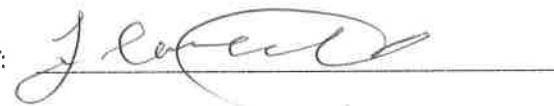
Institution Address


241-14-05975
Anna M Cross Center
18-18 Hazen St
Elmhurst NY 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 12 day of August, 2015, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

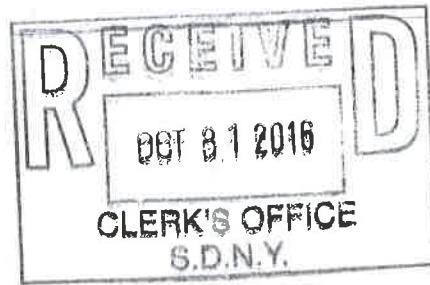
Signature of Plaintiff:



b FELIX 241-14-05975

ROSS CENTER

en St
st, NY 11370



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DPM
10/31/16

The Daniel Patrick Moynihan
United States courthouse
500 Pearl Street Room 200
New York, NY 10007

